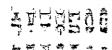
					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH 0020238	
DO NOT WRITE ON THIS STUB		LENDE			Registration District No. 162 Primery Registration District No. 5595 Registrat's No. 74.200 STATE FILE NUMBE	R
VS 300	<u> </u>		M	ΥĒ	PLACED PEDM 65 Jefferson 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence in the souri b. COUNTY St. Louis 4. STATE Missouri b. COUNTY St. Louis 4.	dence before admission)
Rev. 4/59	AMENDED			-	TOWN Arnold TOWN Mehlville	nside Limits es X No 🗆
24000	DATE A		i *		HOSPITAL OR ADDRESS	side on Farm
3				-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) Berra DEATH May 18,	1965
4 0				-	5. SEX 6. COLOR OR RACE 7. Merried X Never Merried 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF	
6		11	DOCUMENT] -]	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clay Worker Clay Products Italy U.S.	T COUNTRY
7 2				1:	Louis Berra 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 14. NAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 16. NAME OF HUSBAND OR WIFE	
8 10 A): ()	(os, no or unknown) (If yes, give war or dates of service) Theresa Berra, 4626 Mehl Ave.	
10	<u> </u>				18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART 1. DEATH VEAS CAUSED BY: IMMEDIATE CAUSE (a) OCASIERATOR OCASIERATO	AL BETWEEN AND DEATH
1286 - 0	NSTEAD O				Conditions, if any, which gave rise to above cause (a), staining the under-	100
13 / 0	<u> </u>		_	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	female was
STATE				CAT	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of it	Unknown
C INK RIBBON AMENDMENT				AL CERTIF	PERFORMED? YES NO	· · ·
				MEDICAL	INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
	١	$\left\{ \cdot \right $			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	
E BLA	LD REA				21. I attended the deceased from 2 / 2 / 3 , to 5 / 8 - 6 S and lest saw him alive on 5 / 2 / 6 S on the date stated above, and to the best of my knowledge, from the causes	stated.
USE BLACH OR TYPEWRITER	SHOULD		VIT OF		(Thesleum) _ Kickwood missour S	J19/65
	Ö		AFFIDA	l	Burial Specify. SS Peter & Paul Cemetery St. Louis, Mo.	(State) /
	ITEM		BY A		1 caterra Funeral Home, 5142 Daggett Ave. 5/20/65 (25. REGISTRAR'S SIGNATURE)	finet
					(Licensed Embalmer's Statement on Reverse Side)	1 m

where the description is an expension of the company of the compan





STATEMENT, BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Shu Sturies
Signature of Student Embalmer	Licensed Embalmer No. 4/08
يوافي	P. O. Address Atlani don

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.